

VADA GROUP SELF INSURANCE ASSOCIATION
2027 POLICY ESTIMATED ANNUAL PAYROLL FORM
 (July 1, 2026 – June 30, 2027)
Due no later than April 1st
 (Please print or type all information)

If you have more than one location please prepare a separate sheet for each one.

Dealership: _____

Policy # _____ TAX ID # _____

Prepared By: _____

Phone number: (_____) _____

<u>Class Codes</u>	<u>Description</u>	<u>Estimated Payroll Amount</u> (no cents)
8380	Service & Parts	\$ _____
8393	Body Shop	\$ _____
8748	Salesperson	\$ _____
*8810	Office personnel	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

If you have additional classifications you may attach them on a second sheet.

*** note that Executive Officer annualized payroll maximum will be \$150,800 and the minimum will be \$39,000 for the upcoming plan year.**

email to: mallen@vada.com
 or fax to 804.354.0767

If you have questions please contact Michael Allen at 804.545.3012, or via email at mallen@vada.com.